

"NEW TUBERCULIN."

The Latest Medical Quackery.

By
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WE are living in an age of the resurrection of defunct theories. No illogical absurdity is too ridiculous for modern scientific consideration. Under the captivating title of “progress,” methods and processes which have been long ago discarded and forgotten are being dug up from their dishonoured graves, rehabilitated, and palmed off as novelties.

The public is deceived as easily and surely as is the unwary English tourist in Egypt who unsuspiciously purchases from a wide-awake Arab under the shadow of the Pyramids verdigrised scarabs and cat-headed gods “found in the grave of a royal mummy” or “excavated from temple ruins three thousand years old,” which probably came from Birmingham in the same boat as their deluded purchaser.

We all thought we had heard the last of tuberculin. The record of the tragic fiasco in Berlin long years ago is still remembered as a ghoulisn dream. The discovery, the promises, the prophecies, the hopes, the wonderful edifice of brilliant results, and then—the crash!

The unused stock of tuberculin in the German laboratories, which could no longer be employed on human subjects owing to the long roll of fatalities it had already entailed, was promptly advertised, in obedience to the commercial instincts of Teutonic scientists, as invaluable for testing tuberculosis in the larger and less easily poisoned ox, which could bring no action for damages in case of failure, and was unable to state its own experience in evidence.

FADDISTS. THE MENTAL CONDITION.

It was hoped that when the superfluous stock of the ill-starred tuberculin had been used up, and the credit of the scientists had been temporarily saved by drawing

across the trail the red-herring of its loudly trumpeted successes among cattle, it would be conveniently forgotten and quietly buried out of sight. But the new idea caught on; German scientists, aided by English manufacturing chemists, boomed it for all it was worth, and tuberculin has since barely succeeded in holding a precarious position among agriculturists by reason of the frenzied efforts of the interested promoters of its use.

And now the whirligig of time has brought us back to tuberculin for man once again, and by a clever and persistent process of engineering in the public Press, we find that a feverish bid is being made for some of the public funds which the present Government is so lavishly bestowing, with a view to the endowment of tuberculin dispensaries and the enrichment of the pockets of the wholesale chemists and their medical officials who are assiduously pulling the strings behind the scenes.

There are, of course, enthusiasts who, captivated by some new idea, and with minds obsessed by some particular theory, rush into the arena and do battle royal on behalf of any astounding quackery which lays hold of their imaginations. Dr. Carpenter, in his "Mental Physiology," has well described such persons possessed as they are by a fixed idea. He says :

There is no end to the strange performances which may be thus called forth, but they are all referable to one simple principle—the possession of the mind by a predominant idea which the individual himself has lost all power of testing by his present or past experience, simply because he cannot direct his thoughts to any other object.

THE MENTAL CONDITION ILLUSTRATED.

We believe that Dr. Camac Wilkinson, who is fast making himself notorious by his advocacy of the new tuberculin, is one of this class who quite honestly believes he is doing a great work in the salvation of consumptives by squirting this grotesquely absurd preparation beneath the cuticle of such patients. His enthusiasm will not allow him to consider any factor but the pet preparation he has set his heart upon.

For instance, in a recent letter which he wrote to *The Times*, indignantly protesting against certain opposition which had been raised to his practice, he gives in defence of his position "two concrete examples of the extraordinary value of tuberculin

treatment in two young mothers nursing infants, one two months old and the other three months old."

He goes on to state that "they were the poorest of the poor and had not even enough food to live upon." He treated them for seven months. "The two heroic women," says Dr. Wilkinson, "came regularly and most willingly twice a week for their injections," and in addition to this open-air exercise to and from their homes, which probably they never took previously, they were each supplied with one pint of milk per day, and "at the end of the seven months these women, originally pale and haggard, regained their normal appearance and gained weight."

The strong language which Dr. Wilkinson proceeds to use in denunciation of the opposition to his tuberculin treatment is scarcely justified, for the tuberculin was not the only factor in the cure. Many physicians could quote equally satisfactory results from exercise and nourishment alone, especially in such circumstances as Dr. Wilkinson describes.

If this is the best argument he can supply for his nostrum we fail to see the justice of his demand for an "apology" from those who disbelieve in his remedy. At the same time, we are prepared to admit that the outcry concerning the alleged dangers likely to arise from the preparation he uses has been somewhat overdone.

"OLD" AND "NEW" TUBERCULIN.

What is the "New Tuberculin," and in what way does it differ from the "Old Tuberculin"?

The "Old Tuberculin" invented by Koch in 1890 was made by growing millions of tubercle bacilli in a glycerine veal broth for six to twelve weeks in flat flasks. Then the cultures, bacilli and all, were concentrated over a water bath to about one-tenth of their volume and filtered through porous porcelain. The thick, dark amber-coloured fluid which resulted was then ready for use.

There was not much ingenuity or originality about this preparation, which was quite on the lines of the "Witch's Cauldron."

The "New Tuberculin" was introduced by Koch some years later—in 1897. The bacilli are grown as before; they are dried and then ground by being placed in steel vessels, containing unglazed porcelain balls which are revolved by machinery. When the growth has

been finely ground it is mixed with distilled water and after the powder has settled the fluid on top is drawn off, filtered, and mixed with about 5 per cent. of glycerine.

The chief difference between the old and new tuberculin appears to lie in the bacilli being boiled in the former, whilst in the latter they are unboiled. If in the latter case the solution is allowed to stand sufficiently long for the solid matter to thoroughly deposit itself, we should doubt if the fluid portion would consist of much more than water and glycerine, and the New Tuberculin would therefore be quite innocent and "like a chip in porridge would do neither good nor harm." It is evidently so prepared that whilst its advocates contrive to save the reputation of the name, care is taken that in future no massacre of patients should discredit it as was the case with its predecessor. If evils do result they are probably due to more solid matter being present in the solution than was intended, or to its decomposition.

"TUBERCULIN R." AND ITS "SUCCESSOR."

This preparation is called Tuberculin R., the "R." standing for *residual*. And it is for the most part simply a stupid and practically harmless preparation, which may rank with bread pills and coloured water, which are occasionally resorted to with a view to stimulate the faith of the faithful.

There has been, however, a still more recent Tuberculin thrown upon the market, which is made by rubbing up the tubercle bacilli with glycerine, so that the preparation contains all the bacilli, toxins and cellular products—in fact, the very things which are supposed to produce the disease. This is called Tuberculin B.E., which stands for *bacillary emulsion*.

This is a gruesome and dangerous compound, and is practically the same as the Old Tuberculin, only that the latter was boiled and concentrated. We doubt if it will be used very much except by the more ignorant or rash of the new school of vaccine therapists. It is more likely that they will adhere to Tuberculin R., which is not calculated to do much harm (although we may expect that "accidents" will occur occasionally, for even the injection of plain water beneath the skin of sensitive persons has in some instances produced remarkable results); it will, however, serve to keep the

vaccine mongers before the public eye and will be a sufficient *raison d'être* for advertising tuberculin dispensaries and building up reputations upon the successful results claimed by its advocates.

WORKINGS OF THE "SCIENTIFIC" MIND.

Nothing is easier than to talk of the "cure of hundreds of cases," many of which probably were not tuberculous, or which would have got well without treatment. For let us not forget that Tuberculosis had declined 50 per cent. before Koch discovered his bacillus, and it has been going down ever since without the aid of tuberculin. Tuberculin wants now to romp in, and by adding to the approved methods by which success has been secured, and *by still continuing those methods*, to claim all the credit for itself! It reminds us of the fly on the hub of the wheel crying, "See how we are making it go round!"

But we hear nothing of Tuberculin failures from its advocates. In this respect Tuberculin may rank with all other quackery. When patients succumb after treatment, any and every excuse is made to take them out of the count. They did not come soon enough; they were not persistent enough; they did not have the injections often enough or strong enough; the surrounding conditions were unfavourable; complications set in for which Tuberculin was not responsible, and so forth. "Quackery," as Cobbett says, "has always one shuffle left."

When, however, a patient who has submitted to tuberculin happens to get well after its use, we generally find the bad environment dwelt upon in exaggerated terms; the physical state of the patient is described in doleful language; the difficulties of continued treatment enlarged upon, and, in fact, we are summoned to listen to a dissertation upon morbid conditions of so extreme a type as to produce the impression that Tuberculin can conquer, in spite of every antagonistic force which may be brought against it.

Yet the moment a tuberculin enthusiast gets a case of broken down lung tissue, with high fever and rapid wasting, he declares it is not a subject for Tuberculin! "The early cases" which he loves to get hold of and experiment with, are just the cases that could always be cured without it.

However, the New Tuberculin crank is not having it all his own way. Some sanatorium proprietors decline to allow the laurels to be taken from their brow, and are busy pointing out the fallacies of tuberculin. Others are prepared to give it a secondary place by way of experiment, for such is the popular craze for this skilfully-advertised nostrum, that it is decidedly inconvenient for specialists to be thought not "up-to-date."

CRITICS FROM WITHIN.

Others again, and these are amongst very competent observers, have failed to obtain the satisfactory results which have been alleged to be derived from tuberculin treatment, and have consequently discarded it.

Dr. Halliday Sutherland, writing from the St. Marylebone Dispensary for the Prevention of Consumption, to *The British Medical Journal* of September 16, says :—

Sir Clifford Allbutt, Sir Lauder Brunton, Sir William Osler and Dr. Arthur Latham have condemned the claims of tuberculin dispensaries on two grounds—that the results are obtained in early cases of Stages 1 and 2, and that the diagnosis is unreliable. At these dispensaries the tuberculin reaction is regarded as specific. Clinically, as anyone can prove for himself, it is present in typhoid fever, diphtheria, syphilis, pneumonia and measles. Again, Arloing, whose experiments extended from 1882 up to his death a few weeks ago, demonstrated that a healthy guinea-pig will not react to tuberculin, but that a guinea-pig inoculated with the toxins of the typhoid bacillus will give a typical reaction. We also know that 70 per cent. of the men in a German cavalry regiment reacted to tuberculin.

It is exactly because it is unjustifiable and strongly to be deprecated that cases in Class I. should be described to the *general public* as cases of consumption. At these institutions all the above cases would give a reaction, receive a course of treatment, and no doubt add to the list of "cures."

We can well leave the "experts" to fight it out between them. Vivisectors and germ theorists sooner or later, by their own jealousies of one another and their internal quarrels, solve the problems with which Anti-vivisectionists are faced, and invariably do the fighting for us. This is the case with Tuberculin and Tuberculin Dispensaries. In spite of the frantic efforts to get at the public purse in support of this impudent quackery, we may rest assured that Tuberculin is doomed to an early death.